



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/620,157	
	Filing Date	July 14, 2003	
	First Named Inventor	Glen E. Roeters	
	Group Art Unit	2811	
	Examiner Name	unknown	
Total Number of Pages in This Submission		Attorney Docket Number	DENSE-067B

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO/SB/08A
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	PTO/SB/08B
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Prior Art References
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Certificate of Mailing
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kit M. Stetina STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	1/15/04

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1-15-2004	
Typed or printed name	Sarah E. Gundert
Signature	
Date	1-15-2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



ATTORNEY DOCKET NO: DENSE-067B
TITLE: THIN SCALE OUTLINE PACKAGE

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

☒ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop DD
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 15, 2004

Sarah E. Gundert
(Signature)

Sarah E. Gundert
(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Certificate of Mailing;
2. Transmittal;
3. Information Disclosure Statement (2 pages);
4. PTO/SB/08A (in duplicate, 14 pages);
5. PTO/SB/08B (in duplicate, 2 pages);
6. Prior Art References (87 pages); and
7. Return Receipt Postcard